

PTO/SB/21 (09-04)


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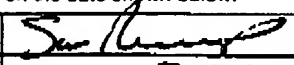
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/687,290
		Filing Date	October 15, 2003
		First Named Inventor	Osorio et al.
		Art Unit	3762
		Examiner Name	Darin Roberts
Total Number of Pages In This Submission	17	Attorney Docket Number	011738.00134

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Date	May 26, 2006	Reg. No. 42,065

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,000.00**Complete If Known**

Application Number	10/687,290
Filing Date	October 15, 2003
First Named Inventor	Osorio, et al.
Examiner Name	Darin Roberts
Art Unit	3762
Attorney Docket No.	011738.00134

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METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

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Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims**_____ - 20 or HP= 0 x 50 = _____**Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**_____ - 3 or HP= 5 x 200 = 1000.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

Fees Paid (\$)**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	42,065	Telephone	312-463-5000
Name (Print/Type)	Binal J. Patel	Date	May 26, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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TOTAL NO. OF PAGES: (including cover sheet)
17

YOUR REFERENCE NO.:
10/687,290

OUR REFERENCE (C/M) NO.:
011738.00134

RE: Filing of Submission of Corrected Drawings for U.S. Serial No. 10/687,290
Entitled: Control of Treatment Therapy During Start-Up and During Operation of a Medical Device System
Inventors: Osorio, et al.
Our Case No. 011738.00134

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RESPONSE

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PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 011738.00134)

In the Application of:)
Ivan Osorio, et al.)
Serial No.: 10/687,290) Group Art Unit: 3762
Filing Date: October 15, 2003) Examiner: Darin Roberts
For: CONTROL OF TREATMENT THERAPY) Confirmation No. 8970
DURING START-UP AND DURING)
OPERATION OF A MEDICAL DEVICE)
SYSTEM)

RESPONSE AND AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is responsive to the Office Action mailed February 27, 2006. The Office Action set a three-month period for response, making this paper due on or before May 30, 2006. The Commissioner is authorized to charge any required fees to Deposit Account No. 19-0733. Reconsideration of the instant application is requested in light of the following:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

05/30/2006 AKELECH1 00000035 190733 10687290

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